DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6440.5C
BUMED-M1
24 Jan 2007

BUMED INSTRUCTION 6440.5C

From: Chief, Bureau of Medicine and Surgery

Subj: HEALTH SERVICES AUGMENTATION PROGRAM (HSAP)

Ref: (a) OPNAVINST S3061.1E (NOTAL)
(b) OPNAVINST 5450.169D
(c) OPNAVINST 5450.171C
(d) OPNAVNOTE 5400 of 12 Aug 2005
(e) BUMEDINST 6320.66E
(f) MCO P10120.28G (NOTAL)
(g) NAVPERS 15665I, U.S. Navy Uniform Regulations
(h) DODINST 1322.24 of 12 Jul 2002
(i) DODINST 1001.1 of 30 Jan 1974
(j) BUMEDINST 5450.156B
(k) OPNAVINST 1001.24
(l) MCO P1020.34G
(m) BUMEDINST 5450.165
(n) NAVPERS 16000A, Total Force Manpower Management System
(o) CJCSI 3500.01C
(p) MCO P3500.75
(q) MCRP 3-0A
(r) NWP S10-1-11(A) (NOTAL)
(s) OPNAVINST 3060.8
(t) SECNAVINST 5510.30B
(u) NAVADMIN 273/06

Encl: (1) HSAP Procedures Guide

1. Purpose. To issue policy and procedure guidelines for active duty Navy Medical Department personnel assigned to augment operational platforms and/or units during contingency or wartime situations per reference (a). References (b) through (u) are provided for additional information. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6440.5B.

3. Background. This instruction applies to all Navy medical activities (NMA) inside and outside the continental United States (CONUS/OCONUS) which act as the sourcing commands for augmentation requirements for operational platforms. Deployable medical systems such as expeditionary medical facilities (EMFs) have no peacetime staffing, and hospital ship (T-AH) platforms maintain only a reduced operating status

(ROS) crew during peacetime. Peacetime medical staffing levels of operational and medical support units are maintained below required wartime and contingency staffing levels. Personnel assigned to sourcing commands are ordered to a component unit identification code (CUIC) that identifies their operational platform assignment by billet sequence code (BSC). The intent of the CUIC process is for wartime and contingency platforms to establish and facilitate optimum platform manning and readiness training.

a. Platforms shall be manned to maximum extent possible. Manning priority is outlined in enclosure (1).

b. Medical augmentation requirements not specifically addressed in this instruction shall be sourced as directed by the Surgeon General of the Navy (N093) who prior to tasking Chief, Bureau of Medicine and Surgery (BUMED):

(1) Validates, approves, and maintains a current account of Budget Submitting Office (BSO) 18 augmentation requirements as reflected in the Navy's official manpower data system.

(2) Ensures all requests for contingency support augmentation requirements are validated and approved through the formal chain of command.

(3) Ensures augmentation platforms are afforded the opportunity to participate in realistic training in joint and combined exercises per reference (a).

4. Action. The HSAP shall be implemented by following enclosure (1).

a. Chief, Bureau of Medicine and Surgery (BUMED)

(1) Directs, coordinates, and monitors the execution of the HSAP and the software program used by BSO 18 to monitor readiness requirements.

(2) Ensures coordination of official Navy message taskers from higher authority. BUMED, when tasked by the Chief of Naval Operations (CNO), will task a specific echelon 3 commander for execution.

(3) Monitors augmentation requirements and CUIC assignments for the overall readiness of platforms. Upon request, provides augmentation assignment information to higher authority.

(4) Provides recommendation or nominations for commanding officers (CO), executive officers (XOs), and command master chiefs for Navy medical platforms.

(5) Provides input to N093 regarding augmentation platform personnel fill rates and training readiness for the Joint Quarterly Readiness Report.

(6) Establishes guidelines for developing Deployment Support Centers (DSC) at sourcing commands.

b. Navy Medicine Regions (NAVMED East, West, National Capital Area, and Navy Medicine Support Command)

(1) Monitor, assist in the training, and provide medical and non-medical personnel to support the full spectrum of Navy and Marine Corps combat and contingency operations as directed by the Chief of Naval Operations (OPNAV) per references (b) through (d).

(2) Monitor capability of sourcing commands to meet augmentation requirements, gender ratios, and training status via Expeditionary Medicine Platform Augmentation Readiness and Training System (EMPARTS) or the Navy's official manpower data system.

(3) Assist sourcing commands within their area of responsibility (AOR) with filling platform assignments to the maximum extent possible and support BUMED in managing shortfalls and residual personnel. Analyze EMPARTS or the Navy's official manpower data system updates from medical treatment facilities (MTFs) in their AORs, identify shortfalls and residuals, and submit recommendations for fill.

(4) Employ global sourcing as a mitigating strategy within their respective AOR to source shortfalls or substitutions identified within the HSAP process.

(5) Conduct quarterly readiness reviews using EMPARTS or the Navy's official manpower data system to verify HSAP compliance.

(6) Provide HSAP assist visits, technical guidance, and administrative support to activities within their AOR when requested.

(7) Provide assistance, as needed, to sourcing commands in establishing HSAP augments.

(8) Annually review the HSAP policy and procedures manuals prepared by sourcing commands within the respective AOR.

c. Commanding Officers of Sourcing Commands, CONUS/OCONUS Navy Medical Activities will:

(1) Appoint, in writing, a command readiness officer (CRO) or plans, operations, and medical intelligence (POMI) officer to address operational readiness issues and conduct the functions below:

(a) Establish a DSC and develop a local policy and procedures manual for implementation of the DSC and execution of the HSAP.

(b) Maintain knowledge of platform requirements as reflected in CUIC billets and AMDs.

(c) Coordinate with manpower officer/staff to ensure appropriate CUIC billet assignments are made.

(d) Update EMPARTS or the Navy's official manpower data system to maintain readiness status of HSAP personnel.

(e) Use the HSAP to ensure deployable personnel complete administrative requirements within 30 working days of reporting. Deployable personnel must maintain administrative readiness requirements whether assigned to a platform or classified as residual.

(f) Coordinate military medical readiness skills training requirements for assigned personnel and ensure training requirements are met as expeditiously as possible.

(g) Ensure HSAP personnel are identified, notified, and prepared for deployment within 30 days of reporting to command.

(h) Ensure senior leadership elements are identified, aware of responsibilities in the event of a deployment, and have a clear understanding of administrative and training requirements for their respective platforms.

(i) Conduct entry and exit interviews for staff personnel executing PCS orders and coordinate with contingency offices and military personnel (MILPERS) departments to ensure database files are correctly annotated.

(j) Budget and execute plan to obtain clothing and equipment required to support augmentees and to coordinate readiness training.

(k) Assign all qualified residual personnel to vacant platform billets.

(l) Assign all qualified residual personnel to fill temporary billet vacancies for individuals in a non-deployable status based on appropriate substitution policy in Appendix E.

(2) Appoint, in writing, an operational support officer (OSO) who will perform the functions below:

(a) Be familiar with policies and procedures governing the HSAP, DSC, and local readiness programs.

(b) Be able to assume readiness officer or POMI officer functional responsibilities, including HSAP responsibilities for sourcing command.

(c) Advise and support the CO regarding Reserve issues in the event of implementation of the HSAP.

(3) Ensure coordination of active and reserve augmentation credentialing process. A summary of each health care provider's credentials must be forwarded to the receiving command before deploying the service member; an example of this summary can be found in reference (e).

(4) Ensures that the deployment history for all Active Component personnel is entered into EMPARTS and Individual Personnel Tempo (ITEMPO) data systems. This information is to be used in the management of medical augmentees and the decision to deploy personnel.

(a) Personnel with a past deployment history will not deploy for a minimum of 6 months (180 days per reference (u)) following the end of their last deployment.

(b) Personnel will not deploy earlier than 6 months (180 days) from their report date. Personnel may participate in pre-deployment or inter-deployment training beginning 60 days after reporting.

(c) Personnel will return from deployment no later than 6 months (180 days) before Permanent Change of Station (PCS) transfer or retirement, or 3 months (90 days) before release from active duty (RAD) or separation.

(d) In cases where a command must deploy personnel outside of the restrictions outlined in paragraphs 4c(4)(a) through 4c(4)(c), the command must receive approval from the regional commander. Exceptions to this policy will be approved only after the regional commander has exhausted alternatives to globally source the requirement within the region, or when superseded by higher authority per reference (u).

(e) Commander, Navy Personnel Command (PERS-451) will coordinate and adjust individual’s projected rotation date (PRD), as appropriate, to the end of the month following the projected month of return per reference (u).

d. Navy Medical Personnel

(1) Complete administrative readiness requirements within 30 days of check-in and maintain requirements continually thereafter.

(2) Update and report results of delinquent administrative requirements to the POMI/OSO within 15 days of notification of change in A- or T-Status.

(3) Within 30 days of platform assignment, coordinate with department head, senior leadership element, readiness officer or POMI officer, security officer, and staff education and training department to complete training and become familiar with the directives and uniform requirements of their assigned platforms.

e. OCONUS NMAs

(1) In collaboration with applicable NAVMED Regions, maintain current activity manning documents (AMDs) which accurately reflect requirements for full expansion capability and review this data annually.

(2) United States Naval Hospitals (USNAVHOSPs) Okinawa, Yokosuka, Guam and others, if tasked: develop procedural guidelance for the reception, transportation, berthing, orientation, and assimilation of augmentation personnel coming from CONUS-based sourcing commands.

5. General. Commanders, COs, and officers in charge (OICs) are responsible for overall readiness of their activities and shall ensure strict compliance with this directive. Sourcing commands shall use EMPARTS or the Navy's official manpower data system to submit reports. The command POMI staff or designated personnel are to ensure that personnel contingency records are updated and maintained within EMPARTS or the Navy's official manpower data system monthly. Applicable region staff will review these monthly updates.

6 Forms

a. NAVPERS 1070/602W (7-72), Dependency Application/Record of Emergency Data Worksheet, S/N 0106-LF-018-6031 and NAVPERS 1740/6 (9-06), Department of the Navy Family Care Certificate, S/N 0106-LF-133-4700, are available through the Navy Supply System by MILSTRIP requisitioning.

b. NAVPERS 1070/604, Enlisted Qualifications History (3-05) is available at: http://buperscd.technology.navy.mil/bpforms.htm.

c. PHS 731, International Certificate of Vaccinations, can be ordered by calling (202) 512-1800.

D. C. ARTHUR

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(See next page.)

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BUREAU OF MEDICINE AND SURGERY

HEALTH SERVICES AUGMENTATION PROGRAM (HSAP)

PROCEDURES GUIDE

Enclosure (1)

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APPENDICES

CHAPTER 1. HSAP ASSIGNMENT GUIDELINES

1.1 Policy

a. BUMED Deputy Chief of Staff, Human Resources (BUMED-M1) is responsible for CUIC, and links between authorized billets and to operational requirements in the Navy's official manpower data system.

b. Detailers and commands assign personnel to only one CUIC BSC. Once assigned to a platform, individuals will not be removed from that platform until they detach from the command, are no longer qualified for the assignment, or unless otherwise directed by Navy Personnel Command. Prior to BSC assignment, the CRO will ensure that deployments from the previous command are verified and entered into the EMPARTS and ITEMPO databases.

(1) Additional CRO responsibilities:

(a) Establishes a DSC and develops a local policy and procedures manual for implementation of the DSC and execution of the HSAP.

(b) Maintains knowledge of platform requirements as reflected in CUIC billets and AMDs.

(c) Coordinates with manpower officer/staff to ensure appropriate CUIC billet assignments are made.

(d) Updates EMPARTS to maintain readiness status of HSAP personnel.

(e) Uses the HSAP to ensure deployable personnel complete administrative requirements within 30 working days of reporting. Deployable personnel must maintain administrative readiness requirements whether assigned to a platform or classified as residual.

(f) Coordinates military medical readiness skills training requirements for assigned personnel and ensures training requirements are met as expeditiously as possible.

(g) Ensures HSAP personnel are identified, notified and prepared for deployment within 30 days of reporting to command.

(h) Ensures the senior leadership element is identified, aware of responsibilities in the event of a deployment, and has a clear understanding of administrative and training requirements for their respective platforms.

(i) Conducts entry and exit interviews for staff personnel executing PCS orders and coordinates with contingency offices and military personnel (MILPERS) department to ensure database files are correctly annotated.

(j) Budgets and executes plan to obtain clothing and equipment required to support augmentees and to coordinate readiness training.

(k) Assigns all qualified residual personnel to vacant platform billets.

(l) Assigns all qualified residual personnel to fill temporary billet vacancies for individuals in a non-deployable status based on appropriate substitution policy.

(2) OSO responsibilities:

(a) Be familiar with policies and procedures governing the HSAP, DSC, and local readiness programs.

(b) Be able to assume readiness officer or POMI officer functional responsibilities, including HSAP responsibilities for sourcing command.

(c) Advise and support the CO regarding Reserve issues in the event of implementation of the HSAP.

c. Examples of SSP code substitutions can be found in Appendix E. Revisions are authorized by the Surgeon General in collaboration with applicable corps chiefs. The substituted specialty will not be placed in a position to act independently for that specialist.

d. Non-deployable status. Readiness officers will ensure EMPARTS reflects personnel deployment status. If condition is temporary and non-deployable status has been resolved, the individual will be returned to his or her original platform and BSC. If determined to be a permanent condition, personnel will not remain assigned to a platform.

e. Platforms will be manned to the maximum extent possible. Manning priority is based on contingency support requirements in this order:

(1) Marine Forces (MARFOR).

(2) Casualty Receiving and Treatment Ship (CRTS).

(3) Forward Deployed Preventive Medicine Unit (FDPMU).

(4) Expeditionary Medical Facility (EMF).

(5) Construction Battalion Unit (CBU).

(6) Hospital Ship (T-AH).

(7) Outside Continental United States (OCONUS) MTF.

(8) Blood Processing Unit (BPU).

f. The CRO will provide a letter of assignment (LOA) within 10 days of reporting to the command for all CUIC personnel, identifying their platform assignment/status, responsibilities, uniform, and training requirements and do so on annual recertification.

1.2 Marine Forces (MARFOR). Medical augmentation support assigned to a Marine Expeditionary Force (MEF), Marine Division (MARDIV), Marine Aircraft Wing (MAW) or Marine Logistics Group (MLG) that provide up to Level 2 Health Services Support (HSS). See Appendix J to obtain support.

a. All Hospital Corpsmen will be qualified Field Medical Service Technicians (NEC 8404) for assignment to Marine Operating Forces. HSAP billets assigned to USMC units will be filled with qualified personnel up to the staffing goal (minimum of 80 percent peacetime and 95 percent wartime) consistent with NPC staffing for organic Marine Corps billets.

b. All officers assigned to Marine Operating Forces shall attend U.S. Marine Corps Field Medical School for Officers.

c. Unless female personnel are specifically requested, only males will be assigned to the MARDIV.

d. Females may be assigned to the MARFOR, MEF, MLG, and MAW.

1.3 Casualty Receiving and Treatment Ships (CRTS). Medical augmentation platforms of 84 personnel each that provide up to Level 2 HSS.

1.4 Construction Battalion Units (CBU). Medical augmentation of CBU in support of Naval Mobile Construction Battalions (NMCB) that provide up to Level 1 HSS. All Hospital Corpsmen will be qualified Field Medical Service Technicians (NEC 8404) for assignment to NMCB.

1.5 Expeditionary Medical Facility (EMF). EMFs are task-organized to provide up to Level 3 HSS.

a. EMF COs are designated by BUMED.

b. On activation, the EMF assumes the name of the primary sourcing command for the manpower set (example: EMF Kuwait and EMF Djibouti).

1.6 OCONUS MTF. Personnel augmentation and expanded bed capacity are provided to USNAVHOSPs Yokosuka, Okinawa, and Guam for up to Level 4 HSS of regional contingency plans.

1.7 Hospital Ship (T-AH). The hospital ships provide up to Level 3 HSS. The ships are owned by Military Sealift Command (MSC) and operated by civilian mariners. T-AH MTF CO and XO are nominated by BUMED.

1.8 Forward Deployed Preventive Medicine Unit (FDPMU). FDPMUs provide task-organized preventive medicine services beyond the organic capability of the supported force.

a. FDPMU OIC is designated by the CO, Navy Environmental Health Center.

b. On activation, the FDPMU assumes the name of the FDPMU equipment set unit identification code (UIC) regardless of the primary sourcing command for the manpower set (example: FDPMU 4).

1.9 Blood Program Unit (BPU). BPUs are in support of Armed Services Whole Blood Processing Laboratory (ASWBPL) and Blood Donor Centers (BDCs) whose staffs increase during contingencies.

1.10 Joint Force Maritime Component Command (JFMCC) Medical Augmentation Cell (MAC). Functional area medical responsibilities within the JFMCC command element (CE) can exceed the core organic capability of the assigned Fleet Surgeon staff, and require augmentation by medical department personnel with functional area expertise to permit the JFMCC to optimally function in support of the Joint Task Force Commander.

a. The JFMCC MAC is tasked-organized to fit requirements identified by the JFMCC CE and COCOM. The notional table of organization for a Fleet CE supplemental capability may be required to execute the mission. Task-organization allows the JFMCC Surgeon to build a customized HSS cell to support the specific mission. Depending on the mission and requirement of the COCOM, augmentation may be customized to enhance the theater HSS footprint as driven by demand signal throughout all phases of the operation.

b. Once the mission exceeds the capability of the organic Surgeon staff, augmentation will be sourced by Fleet Forces Command (FFC). FFC will determine the availability of augmentation capability from within FFC assets. Once exceeded, FFC may request augmentation from external BSO resources. BUMED BSO 18 is a supporting establishment (SE) command and has trained residual personnel available to provide augmentation support. BUMED personnel will then be identified for additional duty (ADDU) in support of contingency Fleet augmentation. These billets will be distributed throughout the Navy Medicine SE but are not obligated to any other CUIC platform supported by BSO 18. ADDU personnel will periodically train to standards and with JFMCC CE based on FFC Training, Exercise, and Employment Plan (TEEP).

1.11 Non-Deployable Staff. Non-deployable personnel codes are listed in EMPARTS.

CHAPTER 2. ADMINISTRATION OF DEPLOYABLE PERSONNEL

2.1 Policy

a. Commands are responsible for maintaining personnel readiness requirements.

b. BSO 18 personnel are under the operational control of the parent command and BUMED until they have reported to the COCOM.

c. The COCOM or designated representative shall assume Operational Control (OPCON) of augmented BSO 18 personnel upon reporting.

d. Administrative Control (ADCON) of BSO 18 personnel remains with the parent command.

2.2 Personnel Readiness. Minimum requirements for personnel are listed in Appendix C and reference (i).

a. Personnel will report to their gaining command with the following administrative items:

(1) Identification Tags.

(2) Armed Forces Identification Card (Common Access Card).

(3) DD 2766, Deployment Medical Record.

(4) Copy of NAVPERS 1070/604, Enlisted Qualifications History.

(5) Copy of NAVPERS 1070/602W, Dependency Application/Record of Emergency Data Worksheet.

(6) Copy of Serviceman's Group Life Insurance (SGLI) Election and Certification.

(7) PHS 731, International Certificate of Vaccinations.

(8) Copy of NAVPERS 1740/6, Family Care Certificate.

(9) Security clearance verification or evidence of submitted request for security clearance investigation following the procedures outlined in SECNAVINST 5510.30B, Chapter 6. The request for investigation must clearly indicate results are forwarded to the Department of The Navy Central Adjudication Facility. For further information, personnel can visit the Chief of Naval Operations (N09N2) Information and Personnel Security Web site for updates at: http://www.navysecurity.navy.mil.

b. Personnel will maintain their wills, allotments, insurance, and powers of attorney.

c. Parent commands will submit the Inter-Facility Credentials Transfer Brief (ICTB) through the Centralized Credentials and Quality Assurance System (CCQAS) following reference (e).

d. Commanders, COs, and OICs are responsible to coordinate with COCOMs regarding evaluations, fitness reports, advancement requirements, and leadership training. Refer to Appendix C, prior to deployment.

2.3 Uniforms

a. Enlisted personnel are not obligated to purchase organizational clothing.

b. Officers are required to purchase uniforms. Organizational clothing and individual equipment (OCIE) items will be issued by the operational platform in support of the mission following Naval Supply instructions.

c. Navy platform uniform minimum requirements are provided in Appendix D or under separate correspondence based on the mission and requesting COCOM.

d. Sourcing commands are required to budget, purchase, and issue camouflage utility uniforms as prescribed in Appendix D for EMF, CBU, and FDPMU assigned personnel.

e. T-AH and CRTS assigned personnel must comply with current shipboard uniform regulations per reference (g). Working uniforms are required for shipboard use. Augmented personnel will be issued OCIE by the gaining command.

f. Sourcing commands do not provide uniforms to personnel assigned to MARFOR platforms. Augmented personnel will be issued OCIE by the gaining MARFORCOM.

(1) U.S. Marine Commanders requesting personnel will specify uniform requirements.

(2) MARFOR-assigned personnel will comply with Navy and Marine Corps uniform regulations on the wearing of Marine Corps uniform items following references (f), (g), and (l).

g. BUMED does not provide uniforms to personnel assigned to individual augmentation missions. Some augmented personnel will be issued OCIE by the CONUS Replacement Center (CRC) or the requesting command.

h. Purchase of name and service cloth strips is the responsibility of the service member.

i. Parent command CRO will ensure uniform information is collected and entered into the EMPARTS for assigned personnel.

j. Personal protective equipment (PPE) is prescribed by the COCOM for the mission. Instructions for the issue of PPE to Navy Medical Department personnel will be provided under separate correspondence based on the mission and platform.

k. Individual protective equipment (IPE), formerly known as chemical defense equipment (CDE), is prescribed by the COCOM for the mission. Navy units are responsible for the requisition, issue, and maintenance of mission-specific IPE. Instructions for the issue of IPE to Navy Medical Department personnel will be provided under separate correspondence based on the mission and platform.

2.4 Funding Responsibilities

a. BUMED. Deputy Chief of Staff for Resource Management and Comptroller (BUMED-M8) maintains financial control, jurisdiction, and statutory responsibility for all appropriations issued to BUMED. BUMED-M8 will provide fiscal guidance on issues involving operational readiness and training per reference (m).

b. Navy Medicine Support Command. Manpower, Personnel, Training and Education Command (NAVMED MPT&E) is the financial expense limitation holder (ELH) for the expense operating budget (EOB) and exercises both operational and financial oversight of its subordinate agencies per reference (m). NOMI, a subordinate command of NAVMED MPT&E, manages the EOB. NOMI provides financial oversight and funding for all NOMI-sponsored and other designated operational training validated by NAVMED MPT&E for Navy Medical Department personnel.

c. NAVMED Regions. To exercise command and fiscal oversight over subordinate commands assigned to the Navy Medicine region, as well as to oversee the economic and effective delivery of medical, dental, and other health care services in the AOR as directed by the Chief, BUMED. Other responsibilities include training and providing medical personnel to support the full spectrum of Navy and Marine Corps combat and contingency operations as directed by higher authority. NAVMED regions will also ensure planning and preparation for disaster and contingency support within the region per references (b) through (d).

d. Commands

(1) CONUS Port of Embarkation (POE). Parent commands will be responsible for travel and Temporary Additional Duty (TAD) expenses incurred from the point of the parent command to the CONUS POE for USMC augmented personnel. All others (EMF, T-AH, FDPMU) become the responsibility of the gaining operational command upon arrival at the POE.

(2) CONUS Port of Debarkation (POD). Parent commands are responsible for travel and TAD expenses incurred from the CONUS POD, upon detachment from the operational commander.

(3) CONUS Replacement Center (CRC). Augmented personnel required to process through CRC sites prior to their deployment to the combatant command are funded by the parent command for travel and TAD expenses incurred to the CRC. The COCOM is responsible for augmented personnel from the CRC to the employment location.

(4) Combatant Commander (COCOM) is generally responsible for travel and TAD expenses for the duration of the deployment unless otherwise directed.

e. Contingencies. Unless provided specific accounting data for the contingency, BSO 18 activities will capture all cost data and report to BUMED-M8 for future reimbursement.

f. Training. In general, when an operation is deemed a training exercise, the financial responsibility belongs to the commander of the training exercise requesting support. These costs include per diem, airfare, miscellaneous expenses, and the cost of supplies and equipment required for the training.

CHAPTER 3. TRAINING

3.1 Background. Navy Medicine's primary mission is to provide trained personnel to the Operating Forces.

3.2 Policy. Training will be based on the Naval Services requirements.

a. Personnel designated to augment operating force platforms will receive standardized training based on mission essential tasks per reference (h). MPT&E, in conjunction with platform sponsors, plan, budget, and monitor the readiness training requirements for personnel augmenting operational platforms.

b. The Operating Forces will identify and validate training requirements based on a continuum of individualized training to enhance readiness and skill levels of assigned HSAP personnel, and avoid repeating entry-level training per reference (h).

c. Frequency and duration of HSAP training for medical personnel are based on Service codified training requirements. Training requirements of the Fleet and USMC must be properly coordinated through the component and type command (TYCOM) to ensure a fully mission-capable force. The mission essential tasks of the supported organization and complexity of the skills employed will ultimately influence training duration.

3.3 Execution. Navy Medicine Support Command (NMSC) ensures subordinate commands execute the following:

a. Validate the adequacy of medical training against Service standards of care for the operating environment, coordinate training, and serve as the resource advocate for medical training requirements per reference (m).

b. Identify training programs that support Universal Naval Task List (UNTL), Marine Corps Task List (MCTL), and validated Operating Force requirements per references (h), (m), and (o).

c. Develop standardized, requirement-driven, performance-based medical training for BSO 18 medical platforms per references (h), (m), and (o). Distributed training programs will be used to maximize readiness and retain personnel on station.

d. Direct subordinate commands to provide resources for training following reference (h) and guidance established by BUMED-M8.

e. Direct subordinate commands to provide personnel for validated operational training requirements per reference (h). Training settings will maximize managed on-the-job training (MOJT), just-in-time (JIT), and distributed training methods to enhance readiness, enabling a broader "surge ready" force.

f. Perform periodic assessments of skills proficiency.

3.4 U.S. Marine Corps (USMC) Training. The Marine Corps Training and Education Command (TECOM) is responsible for promulgating individual and collective training for medical forces supporting the USMC. Following service policy, Marine Corps medical forces complete training requirements per reference (p) and submit medical oriented training, exercise, and employment plans (TEEP) per reference (q).

3.5 Alternative Methods of Training. Alternative methods for achieving readiness skill training are highly encouraged. Examples include: mission support, operational deployments, field exercises, other military or civilian training evolutions, classroom instruction, GME, continuing medical education (CME), and continuing education unit (CEU) opportunities. Reference (e) contains additional information on Department of Defense (DOD) annual sustainment training requirements.

3.6 Requests for Approval. For approval of alternative readiness skill training, submit requests to NAVMED MPT&E following the format provided in Appendix H.

CHAPTER 4. PERSONNEL MANAGEMENT

4.1 Background. The COCOM will provide specific guidance regarding uniforms, immunizations, individual combat equipment, reporting requirements, training, passport/ visa requirements, and transportation.

4.2 Policy

a. Personnel assigned to operating force medical platforms are under the OPCON of the COCOM upon reporting to the gaining command. All other BSO 18 personnel are under OPCON of BUMED.

b. Parent commands are to ensure the deployment history for all Active Component personnel is entered into EMPARTS and Individual Personnel Tempo (ITEMPO) data systems. This information is to be used in the management of medical augmentees and the decision to deploy personnel.

(1) Personnel with a past deployment history will not deploy for a minimum of 6 months (180 days per reference (u)) following the end of their last deployment.

(2) Personnel will not deploy earlier than 6 months (180 days) from their report date. Personnel may participate in pre-deployment or inter-deployment training beginning 60 days after reporting.

(3) Personnel will return from deployment no later than 6 months (180 days) before Permanent Change of Station (PCS) transfer or retirement or 3 months (90 days) before release from active duty (RAD) or separation.

(4) In cases where a command must deploy personnel outside of the restrictions outlined in paragraphs 4.2b(1) through (3), the command must receive approval from the Regional Commander. Exceptions to this policy will be approved only after the Regional Commander has exhausted alternatives to globally source the requirement within the region, or when superseded by higher authority per reference (u).

(5) Commander, Navy Personnel Command (PERS-451) will coordinate and adjust individual's projected rotation date (PRD), as appropriate, to the end of the month following the projected month of return per reference (u).

4.3 Casualty Replacement

a. U.S. Marine Corps Assigned Personnel

(1) BSO 27 medical personnel casualties are immediately sourced internally to BSO 27 personnel assets.

(2) HSAP personnel casualties or depleted BSO 27 and USMC personnel inventory are replaced through normal Service procedures for requesting replacement through the chain of command by UIC and BSC to OPNAV (N3/5). OPNAV (N093) validates the requirement and BUMED-M1 will source the requirement through NAVMED Regions.

(3) Replacements will report to designated USMC CRC at Camp Lejeune, NC or Camp Pendleton, CA for predeployment training and assignment to an Operating Force unit.

(4) Transportation funding is the responsibility of the transferring BSO 18 activity to the combat replacement center. Onward movement from the CRC to the Operating Force unit is the responsibility of the gaining command.

b. Navy Fleet Assigned Personnel

(1) BSOs 60, 70, and 74 (Atlantic Fleet, Pacific Fleet, and the Naval Special Warfare Command (NAVSPECWARCOM) assigned forces) medical personnel casualties are immediately sourced internal to BSOs 60, 70, and 74 personnel assets. Augmented personnel casualties or depleted BSOs 60, 70, and 74 personnel inventory are replaced through normal Service procedures for requesting replacement through the chain of command by UIC and BSC to OPNAV (N3/5). OPNAV (N093) validates the requirement and BUMED-M1 will source the requirement through the NAVMED Regions.

(2) Replacements will report to the designated Navy activity for predeployment training and assignment to an Operating Force unit.

c. Individual Augmentation (IA) Personnel

(1) IA medical personnel casualties are immediately sourced internally to assigned command assets. Augmented personnel casualties or depleted Service personnel inventory are replaced through normal Service procedures for requesting replacement through the chain of command by UIC and occupational specialty. Command personnel authority will request replacements through their chain of command, including UIC and BSC, to OPNAV (N3/5). OPNAV (N093) validates the requirement and BUMED-M1 will source the requirement through the NAVMED Regions.

(2) Replacements will report to the designated Service activity for predeployment training and assignment to an Operating Force unit.

(3) Transportation funding is the responsibility of the transferring BSO 18 activity to the designated predeployment processing activity or CONUS POE. Onward movement from the processing activity or CONUS POE to the Operating Force unit is the responsibility of the COCOM.

4.4 Stop-Loss Policy. Depending on the operational situation, the CNO may direct implementation of a Stop-Loss Policy Service-wide or for certain rates or officer specialties.

a. USMC personnel management policies do not automatically apply to Navy personnel even when they are actively assigned to Marine Corps units as organic or augmented personnel.

b. HQMC and OPNAV will normally coordinate personnel policies promulgated to support contingencies.

4.5 Functional Area Code A (FAC A). Used to identify the need for special consideration in personnel detailing for manpower requirements. FAC A are requirements that must be filled by personnel on active duty at the time of mobilization per reference (n). Such requirements will be matched with the associated mobilization requirement in TFMMS.

4.6 Execution

a. OPNAV (N093) validates Combatant or Component Commander Request for Forces (RFF) and directs BUMED-M3 to provide capability in coordination with OPNAV (N3/N5), Operations and Plans.

b. BUMED Responsibilities

(1) BUMED-M1 will execute validated personnel requirements.

(2) BUMED-M1 will coordinate with other BUMED codes and direct the deployment of BSO 18 capability from within NAVMED Regions per references (b) through (d).

c. NAVMED Region Responsibilities

(1) When directed by BUMED, source capability from commands within NAVMED regional AOR per reference (j).

(2) When directed, liaison with other NAVMED regions to mitigate personnel deficiencies using global sourcing for shortfalls and substitutions.

(3) Monitor accuracy of EMPARTS.

d. Command Responsibilities

(1) Ensure that augmentation personnel meet readiness requirements identified in Appendix C.

(2) Enter deployment data into EMPARTS and use mission numbers as assigned by BUMED-M1.

(3) Identify personnel deficiencies, thresholds of compromised services, and mitigation strategies and submit through NAVMED Regions to BUMED-M1.

CHAPTER 5. DEPLOYMENT SUPPORT

5.1 Background. Navy Medicine is prepared to project medical forces worldwide, from individuals to task-organized units.

5.2 Policy. Commanders will elect to establish an organized deployment support capability for deploying personnel in command readiness offices.

5.3 Execution

a. BUMED typically authorizes direct liaison authority (DIRLAUTH) to subordinate commands to conduct liaison with supported units and activities.

b. Command CRO reviews individual readiness checklist, Appendix C, to determine issues that may affect the overall readiness status of HSAP personnel.

c. Command CRO coordinates transportation and billeting requirements.

d. Command CRO submits deployment reports as directed and provides deployment briefs to augmentation personnel.

e. Command CRO coordinates personal affairs briefs to deploying personnel, including financial, legal, religious, family care plan, and family assistance.

f. Command Public Affairs Officer (PAO) coordinates press releases with local media and other public affairs. CRO reviews individual deployment history in EMPARTS and ensures that personnel have not deployed within the previous 180 days.

5.4 Deployment Support Center (DSC) Composition. Commands shall elect to form a DSC to support the timely onward movement of Navy Medical capability to support the COCOM. Example of composition:

a. CRO (support staff as needed).

b. Personnel Support Activities (PSA).

c. Staff Education and Training.

d. Transportation Office.

e. Professional Affairs Office (Credentials).

f. Medical/Dental Records Office.

g. Legal Services.

h. Pastoral Care.

i. Immunizations Clinic.

j. Ombudsman.

k. Family Service Center (FSC).

l. Security (discuss OPSEC and reporting requirements).

CHAPTER 6. MEDICAL FLEET RESPONSE PLAN (MFRP)

6.1 Purpose. To provide a clear explanation of the Medical Fleet Response Plan (MFRP) Concept of Operations (CONOPS), its impact on the HSAP, and medical activities. This CONOPS replaces BUMEDNOTE 6440, Tiered Readiness of 30 September 2002.

6.2 Background. The current global security environment requires scalable, responsive medical forces to support Navy missions. This surge of Navy medical capability taught us that the methodology used during the Cold War for manning, maintaining, and training our assets will not produce the surge readiness required in the 21st Century security environment. Navy Medicine must be prepared to surge a ready and credible medical capability from all BSO 18 activities. This CONOPS is designed to give commanders the flexibility to employ Navy medical assets in well-reasoned, innovative ways to enhance readiness and meet warfighting requirements with a credible medical force.

6.3 Policy. Concurrent with the Fleet Response Plan (FRP) to surge Navy warfighting capacity for the National defense, the MFRP is designed to develop and sustain readiness in Navy and Marine Corps HSAP platforms. This requires a fundamental change in Navy Medicine business policy that impacts staffing levels, training, funding, contracting, reserves, and TRICARE. As with the FRP, a key aspect of the MFRP will be targeted readiness rather than the assumption of a requirement, to achieve the highest readiness levels. Absent indications of imminent danger or war, intermediate levels of readiness are an acceptable and prudent use of resources. The MFRP will require Navy Medicine to have more personnel ready to deploy to their HSAP billets on short notice, but does not mandate that they will increase their operational tempo (OPTEMPO), deploy sooner, or deploy without notice unless there is an urgent, validated need. The MFRP will provide the flexibility for Navy Medicine to surge HSAP and task-organized capabilities in timeframes consistent with Service and COCOM policies. Training will be the centerpiece for this effort and will mandate new opportunities to maximize individual and collective platform readiness.

6.4 Readiness Categories

a. Routine Deployable. Forward deployed crisis response forces that are mission capable and ready to deploy within 5 days.

b. Surge Ready. Forces designated for the force build-up stage that are ready and capable of mobilizing and deploying within 30 days.

c. Emergency Surge. Additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.

d. While each surge level provides a maximum number of days allowed for a unit to be considered as part of that specific surge capacity, the numbers indicated should not be considered as the time a unit would be allowed to plan for deployment in the event of a contingency.

e. The COCOM with cognizance over the theater of operations controls the required delivery date (RDD) of capability into the AOR. OPTEMPO is one of many factors that compels commanders to continuously reassess the surge capacity of a specific platform to accommodate operational requirements.

6.5 Readiness Reporting. While the surge capacity of operational forces represents the timeframe in which they are required to deploy, a second factor is the process by which a unit's operational readiness is measured relative to similar units. In other words, how the deployable units report their readiness to meet their assigned mission in a consistent and measurable manner. The Status of Resources and Training System (SORTS), per reference (r), establishes joint readiness reporting requirements for reporting readiness of personnel, training, and equipment. Based on metrics established to measure these three elements, SORTS provides five measures of unit readiness indicating the unit's self-reported ability to execute its mission.

a. SORTS Categories

(1) C1. The unit is capable of undertaking the full wartime mission it was organized and designed for. It is considered fully mission capable.

(2) C2. The unit is capable of undertaking the bulk of its wartime mission. It is considered substantially combat ready with only minor deficiencies reported.

(3) C3. The unit is capable of undertaking a major portion of its wartime mission. While it has major deficiencies, it can still perform its assigned mission.

(4) C4. The unit is unable to perform its wartime mission unless it is provided additional resources or training. However, if the situation warrants, the unit may still be required to perform portions of its mission using its existing resources.

(5) C5. The unit is not able to perform its wartime mission and is not mission capable. Routinely this status is assigned to ships in major overhauls, which cannot be deployed because of the need for substantial maintenance.

b. SORTS reporting is tied to operational commands and their ability to execute their wartime mission. As a result, the C-Status reported on these operational units is classified. However, Navy Medicine's readiness reporting requirements for the HSAP units are unique and, with the exception of the Reserve EMF, do not represent

operational commands that are required to report their readiness via the SORTS system. Rather, HSAP units represent personnel augmentation packages providing trained medical personnel to MARFOR, CRTS, active duty EMF, T-AH, CBU, FDPMU, and BPU platforms.

c. With these augmentation packages representing only two portions of normal SORTS reporting requirements, personnel and training, Navy Medicine has developed a system to measure readiness that provides a systematic approach that closely parallels SORTS reporting requirements without breaching operational security (OPSEC).

6.6 Navy Medicine HSAP Platform Readiness Metrics

a. Personnel Status. The billet fill rate for a CUIC HSAP platform is calculated by dividing the total number of billets filled by the total number of platform billets.

b. Training Status. The percent of personnel trained is calculated by dividing the total number of personnel fully trained, by the total number of personnel currently assigned to the platform. Training requirements are specific to platform assignment.

6.7 Surge Capacity for Operational Platforms

a. MARFOR. The MFRP surge capacity is applicable to BSO 18 CUIC personnel. HSAP personnel supporting USMC units will be Surge Ready as specified in paragraph 6.7a(2) below.

(1) Routine Deployable. Navy medical personnel assigned to BSO 27. These are assets immediately available to the Marine Corps for deployment.

(2) Surge Ready. BSO 18 personnel assigned to Marine Corps CUIC BSC under the HSAP. These personnel will be available to deploy with Marine Corps units within 30 days of notification.

(3) Emergency Surge. Additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.

b. CRTS Augmentation Teams. The MFRP surge capacity is applicable to BSO 18 CUIC HSAP personnel. There are currently 11 augmentation teams identified for the large deck amphibious ships (LHA/LHD) of the Fleet.

(1) Routine Deployable. Navy medical personnel assigned to the Fleets (BSO 60 or 70) to include Fleet Surgical Team (FST) personnel that are ADDU to the local MTF. These assets are immediately available to the Fleet for deployment.

(2) Surge Ready. BSO 18 personnel assigned to CRTS CUIC BSC under the HSAP. These personnel will be available to deploy with Fleet units within 30 days of notification.

(3) Emergency Surge. Additional forces designated for further follow-on stages that are ready and capable of deploying within 120 days.

c. T-AH. The MFRP surge capacity is applicable to BSO 18 personnel assigned to the two hospital ships in Appendices H and I.

(1) Routine Deployable. Mission capable forces that are ready to deploy within days in support of a 250-bed configuration.

(2) Surge Ready. Forces designated for deploying within 30 days to support a 500-bed configuration.

(3) Emergency Surge. Additional forces designated for further follow-on stages that are ready to deploy within 120 days in support of the 1,000-bed configuration.

d. EMF. The MFRP surge capacity is drawn from capability sets within the active-duty EMF in Appendices H and I.

(1) Routine Deployable. Two EMF systems are maintained in this status for 1 year. The rotation plan will be staggered so one EMF will rotate on and off "Routine Deployable" status every 6 months. Upon completion of the rotation, the EMF will move to "Emergency Surge" status. "Routine Deployable" EMF will be prepared to deploy task-organized EMF detachments up to 500 beds within days of notification.

(2) Surge Ready. Three active duty EMF systems are maintained in this status for 1 year. A "Surge Ready" EMF will be able to deploy task-organized EMF detachments up to 500 beds within 30 days of notification.

(3) Emergency Surge. The EMF most recently released from a "Routine Deployable" status will be held in an "Emergency Surge" status for 6 months prior to reentering the training and operational readiness cycle. An "Emergency Surge" EMF will be able to deploy task-organized EMF detachments up to 500 beds within 120 days of notification.

e. FDPMU. The MFRP surge capacity is drawn from capability sets within the active-duty Naval Environmental Preventive Medicine Unit (NEPMU). Due to the task organization and modular scalability of the FDPMU, equipment components or skill sets may be deployed independently for a specific disease vector component or can be augmented to enhance current FDPMU capabilities.

(1) Routine Deployable. Two FDPMU maintain “Ready FDPMU” status on a 6-month rotating basis. The “Routine Deployable” FDPMU will be prepared to deploy within days of notification.

(2) Surge Ready. Two FDPMU are maintained in this status. The "Surge Ready" FDPMU is in the predeployment training phase for 6 months prior to designation as “Routine Deployable.” A “Surge Ready” FDPMU will be able to deploy within 30 days of notification.

(3) Emergency Surge. Two FDPMU are in an “Emergency Surge” status after completing their duty as ready FDPMU. An “Emergency Surge” FDPMU will be able to deploy within 60 days of notification.

f. Reserve Forces. The First Call Program is to rapidly access key First Call Program personnel under voluntary recall authority 10 United States Code (USC), Section 12301(d) and to support impending contingency operations prior to an expected involuntary recall authorization, per reference (s). Navy component commanders may plan on First Call Program personnel reporting to duty stations within 72 hours of notification.

CHAPTER 7. EXPEDITIONARY MEDICINE PLATFORM AUGMENTATION, READINESS, AND TRAINING SYSTEM (EMPARTS)

7.1 Background. EMPARTS is a web-based automated information management system whose foundational data are derived from NPC-managed databases, currently the Total Force Manpower Management System (TFMMS). This CONOPS replaces BUMEDNOTE 6440, Interim Guidance for use of Expeditionary Medicine Platform Augmentation, Readiness, and Training System of 28 February 2003.

7.2 Policy. EMPARTS is the BSO 18 automated information management system that reports platform and personnel readiness.

7.3 Execution

a. BUMED-M3/BUMED-M1

(1) Monitor data for deployment trends, platform readiness, and impacts on health care operations.

(2) Develop strategic-level mitigating strategies and resource allocation based on EMPARTS-derived analysis.

b. NAVMED Regions

(1) Monitor data for deployment trends, platform readiness, and impacts on health care operations.

(2) Monitor regional commands for data accuracy.

(3) Develop regional mitigating strategies based on EMPARTS-derived analysis.

c. Commands

(1) Appoint responsible personnel to input data.

(2) Monitor data for deployment trends, platform readiness, and impacts on health care operations.

(3) Monitor data accuracy.

(4) Ensure EMPARTS-based personnel contingency records reflect current administrative, training, and BSC assignment information.

(5) Develop command mitigating strategies based on EMPARTS-derived analysis.

7.4 Program Access. Access codes to utilize EMPARTS can be requested by going to its web-site at https://nhso.med.navy.mil/pomi/. Only authorized users will be granted access as determined by M1. An authorized user is defined as one whose role is to employ the EMPARTS to monitor readiness statistics and/or produce readiness reports.

a. "Read/Write" privileges will be given to authorized users at the Headquarters, NAVMED Regions and MTF/DTF levels responsible for managing readiness. Personnel such as Plans, Operations & Medical Intelligence (POMI) Officers and staff will be given these privileges for data entry, generation of reports and general management of pertinent readiness elements as mandated in reference (a).

b. "Read Only" privileges will be given to other authorized staff such as designated OPNAV staff, i.e., designated CNO and N931 staff; Surgeon General and Deputy, designated representatives from Marine Forces Atlantic (MARFORLANT), Marine Forces Pacific (MARFORPAC), Commander, U.S. Fleet Forces Command (USFFC), Commander, Pacific Fleet (COMPACFLT) and commanding officers of each operational platform and MTF/DTF for planning purposes.

c. Visibility will be given to authorized users and staff for their respective and applicable area of responsibility only. Visibility for each user is defined as follows:

(1) OPNAV staff will have visibility of all operational platforms.

(2) Headquarters will have visibility of all BSO-18 commands and operational platforms.

(3) COMPACFLT, USFFC, MARFORLANT, and MARFORPAC will have visibility of their respective platforms.

(4) BSO-18 commands will have visibility of their personnel and primary operational platforms supported.

(5) Platform commanding officers will have visibility of their respective platforms.

7.5 Training. EMPARTS includes a self-learning module that registered users can access on-line. Additional training requests will be coordinated with BUMED-M1.

7.6 Technical Assistance. Designated representatives from BUMED-M1 and NMSC will provide technical assistance.

7.7 Quality Assurance. EMPARTS is monitored under the Management Control Program to measure effectiveness of use and data accuracy.

7.8 Total Asset Visibility (TAV). EMPARTS includes all BSO 18 personnel, providing TAV to BUMED commands.

CHAPTER 8. INDIVIDUAL AUGMENTATION

8.1 Background. BUMED medical personnel augmentation to operating force medical platforms is accomplished through the HSAP. Personnel assigned to these platforms represent medical skills, programmed training requirements, and capabilities tailored to the platform mission. If the COCOM requires medical support beyond that already obligated to Naval platforms through the HSAP, the operating force commander, through their chain of command, may request individual medical personnel augmentation. The CNO OPNAV (N3/5) validates that the Navy medical capability exists and is available and OPNAV (N093) tasks BUMED-M1 to execute (Appendix G).

8.2 Policy. Navy Medicine support to the FRP provides task-organized Medical Department personnel for operations per reference (k).

a. BUMED provides a credible medical force in support of Naval operating forces per reference (m).

b. BUMED-M1 executes OPNAV validated individual missions and directs BSO 18 resources per reference (m).

c. BUMED-M4 provides and coordinates with other DOD activities for medical materiel and logistic support. COCOM requests for Navy deployable medical systems or specific medical materiel support is coordinated through BUMED-M3 per reference (m).

d. NMSC and subordinate commands validate adequacy, coordinate, and are the resource advocates for medical training requirements per reference (m) and JIT training opportunities.

8.3 Execution

a. BUMED Responsibilities

(1) BUMED provides command and control of Navy Medical forces prior to obligating personnel to operating forces.

(2) BUMED-M3/BUMED-M1 coordinates, directs, and monitors readiness of Navy medical forces obligated to operating forces per reference (m).

(3) BUMED-M4 provides technical assistance for Navy deployable medical systems and medical materiel.

(4) NMSC provides medical training and technical guidance, and programs resources for standardized training. Distributive training programs will be used to maximize readiness and retain personnel on station. Training settings will maximize MOJT and JIT training to enhance readiness enabling a “Surge Ready” force.

(5) BUMED-M8 provides accounting data, fiscal coordination, and guidance in support of IA missions.

b. NAVMED Regional Responsibilities

(1) Monitor data for deployment trends, platform readiness, and impact on health care operations.

(2) Monitor regional commands for data accuracy.

(3) Develop regional mitigating strategies based on EMPARTS derived analysis.

(4) Execute BUMED-M1 directed IA missions.

c. Command Responsibilities

(1) COs will ensure all personnel are entered into EMPARTS and ITEMPO databases to reflect current administrative, training, and BSC assignment information.

(2) Ensure service members maintain a high state of personal, physical, and professional readiness and be capable of rapid worldwide deployment.

(3) Develop command mitigating strategies based on EMPARTS derived analysis.

APPENDIX A

DEFINITIONS

Administrative Control - Direction or exercise of authority over subordinate or other organizations in respect to administrative matters, such as personnel management, supply services, and other matters not included in the operational missions of the subordinate or other organizations.

A-Status - Measures the percentage of administrative items completed.

Augmentation - Process in which medical requirements of the COCOM are filled to establish full mission capability.

Budget Submitting Office (BSO) - Formally known as Claimancy. (Claimancy 18, 27, 60, etc.)

Capability - Equipment and manpower task-organized into a system of support that meets a specific requirement.

Continental United States (CONUS) Replacement Center (CRC) - Activity designated to receive personnel augmenting COCOM requirements. Personnel reporting to these activities are provided predeployment administrative, logistic, and training support.

Core - Staff billets at sourcing commands deemed essential for continuity of operations in support of core military functions.

Command Readiness Officer (CRO) - The officer identified by the command, generally from the operations office, who is responsible for monitoring and advising the commander on operational readiness.

Component Unit Identification Code (CUIC) - Subordinate to the UIC of a sourcing command, the CUIC aligns manpower to operational platforms.

Deployable Personnel - Bureau of Medicine and Surgery, BSO 18, assigned personnel.

Deployment Support Center (DSC) - Temporary processing center established at sourcing commands to facilitate deployment of augmenting personnel.

Defense Medical Human Resource System internet (DMHRSi) - DOD web-based program currently under development to manage manpower and personnel readiness.

Enroute Care - Treatment provided to stabile, post-resuscitation patients during transportation and evacuation; phase II casualty evacuation.

Expeditionary Medicine Platform Augmentation, Readiness, and Training System (EMPARTS) - The web-based automated information system used to track the readiness status of BSO 18 personnel.

Functional Area Code A (FAC A) - Active component BSO 18 officer and enlisted requirements placed in the HSAP, linked to operational platforms, and mobilized upon activation of the operational unit.

Functional Area Code R (FAC R) - Medical department officer and enlisted requirements of the Navy Reserves, placed in the HSAP, linked to operational platforms, and mobilized upon activation of the operational unit.

Global Sourcing - Internal BSO 18 mitigation strategy to relieve stress associated with low-density, high-demand skill sets. Sourcing a requirement apart from a CUIC BSC may be necessary to prevent multiple deployments of the same individual; and is necessary to ensure maintenance of clinical proficiency via appropriate parent command dwell time required to refresh, reload, and redeploy.

Individual Personnel Tempo (ITEMPO) - Tracks and reports deployment days on individuals who are away from their homeport or assigned unit.

Mobilization - The process by which armed forces are brought to a state of readiness for war or other contingency; commonly used in reference to activation of Naval Reserve Forces.

Non-deployable Personnel - Members whose administrative, medical, or legal status, as coded in EMPARTS, temporarily precludes the service member from deployment.

Operational Support Officer (OSO) - Formerly known as the Reserve Liaison Officer (RLO); coordinates Reserve utilization within the sourcing command.

Operational Control - Authority delegated to a commander to direct assigned forces to accomplish specific missions; generally limited by function, time, or location; to deploy units concerned; and, to retain or assign tactical control of those units. It does not include the authority to assign missions not normally performed by the unit, separate employment of components of the units, administrative, or logistic control.

Platforms - BSO 18 resources aligned to Operating Force requirements; also known as capability.

Platform Responsible Officer (PRO) - A senior Naval Officer or Petty Officer assigned to a CUIC platform and designated by the command that will assist the CRO to manage CUIC-assigned sustainment and enhancement training readiness.

P-Status - Measures percentage of operational billets filled in EMPARTS.

R-Status - Measures the overall readiness status of a member or platform based on their training (T-Status) and platform billet assignment/fill rate (P-Status) in EMPARTS.

Readiness Training - Professional and military training for a mission, platform, or environment in support of operational medicine.

Residuals - BSO 18 personnel not assigned to an Operating Force platform and eligible for assignment to Operating Force missions.

Supported Command - Activity that originates the requirement for support for a specific mission. The requesting command may not be the actual receiving command.

Supporting Command - Activity that receives and supports the functions of personnel or materiel. This command normally has direct operational control over assets throughout the duration of the mission.

APPENDIX B

ABBREVIATIONS

ADCON	Administrative Control
ADDU	Additional Duty
AMD	Activity Manning Document
AOR	Area of Operational Responsibility
ASWBPL	Armed Services Whole Blood Processing Laboratory
BDC	Blood Donor Center
BPU	Blood Processing Unit
BSC	Billet Sequence Code
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
BUMED-M1	BUMED Deputy Chief of Staff, Human Resources
BUMED-M3	BUMED Deputy Chief of Staff, Operations
BUMED-M4	BUMED Deputy Chief of Installations and Logistics
BUMED-M8	BUMED Deputy Chief of Staff, Resource Management/ Comptroller
CBU	Construction Battalion Unit
CCQAS	Centralized Credentials and Quality Assurance System
CDE	Chemical Defense Equipment
CE	Command Element
CEU	Continuing Education Unit
CFFC	Commander, Fleet Forces Command
CJCS	Chairman of the Joint Chiefs of Staff
CME	Continuing Medical Education
CNO	Chief of Naval Operations
CO	Commanding Officer
COCOM	Combatant Commander
COMSC	Commander, Military Sealift Command
CONOPS	Concept of Operations
CONUS	Continental United States
CRC	Continental United States (CONUS) Replacement Center
CRO	Command Readiness Officer
CRTS	Casualty Receiving and Treatment Ship
CUIC	Component Unit Identification Code
DEPORD	Deployment Order
DFA	Director for Administration
DIRLAUTH	Direct Liaison Authority
DIV	Divisions
DMHRSi	Defense Medical Human Resource System internet
DMS	Defense Message Systems
DOD	Department of Defense

DSC	Deployment Support Center
DUINS	Duty Under Instruction
ELH	Expense Limitation Holder
EMF	Expeditionary Medical Facility
EMPARTS	Expeditionary Medicine Platform Augmentation, Readiness, and Training System
EOB	Expense Operating Budget
EXORD	Execution Order
FAC A	Functional Area Code A
FDPMU	Forward Deployed Preventive Medicine Unit
FFC	Fleet Forces Command
FRP	Fleet Response Plan
FSC	Family Service Center
FST	Fleet Surgical Team
GME	Graduate Medical Education
HQMC	Headquarters, Marine Corps
HSAP	Health Services Augmentation Program
HSS	Health Services Support
IA	Individual Augmentation
IPE	Individual Protective Equipment
ICTB	Inter-Facility Credentials Transfer Brief
ITEMPO	Individual Personnel Tempo
JFMCC	Joint Force Maritime Component Command
JIT	Just-in-Time
LHA	Landing Helicopter Assault
LHD	Landing Helicopter Dock
LOA	Letter of Assignment
MAC	Medical Augmentation Cell
MAP	Medical Augmentation Program
MARDIV	Marine Division
MARFOR	Marine Forces
MARFORCOM	Marine Forces Command
MAW	Marine Aircraft Wing
MCCDC	Marine Corps Combat Development Command
MCTL	Marine Corps Task List
MEF	Marine Expeditionary Force
MFRP	Medical Fleet Response Plan
MILPERS	Military Personnel
MLG	Marine Logistics Group
MOB	Mobilization
MOJT	Managed On-the-Job Training
MRTM	Manpower Requirement Tracking Module
MSC	Military Sealift Command

MTF	Medical Treatment Facility
NAVMED	Navy Medicine
NAVPERSCOM	Navy Personnel Command
NAVSPECWARCOM	Naval Special Warfare Command
NEC	Naval Enlisted Classification
NEPMU	Naval Environmental Preventive Medicine Unit
NMA	Navy Medical Activities
NMCB	Naval Mobile Construction Battalion
NAVMED MPT&E	Navy Medicine Manpower, Personnel, Training and Education Command
NMSC	Navy Medicine Support Command
NOBC	Naval Officer Billet Classification
NOMI	Naval Operational Medicine Institute
NOTAL	Not to All
OCIE	Organizational Clothing and Individual Equipment
OCONUS	Outside of CONUS
OIC	Officer in Charge
OPCON	Operational Control
OPNAV	Office of the Chief of Naval Operations
OPSEC	Operational Security
OPTEMPO	Operational Tempo
OSO	Operational Support Officer
PAO	Public Affairs Officer
PCS	Permanent Change of Station
PML-500	Program Manager, Logistics (500)
POD	Port of Debarkation
POE	Port of Embarkation
POMI	Plans, Operations, and Medical Intelligence
PPE	Personal Protective Equipment
PP&O	Plans Policies and Operations HQMC
PRD	Projected Rotation Date
PRO	Platform Responsible Officer
PSA	Personnel Support Activity
RAD	Release from Active Duty
RDD	Required Delivery Date
RFF	Request for Forces
RLO	Reserve Liaison Officer
ROS	Reduced Operating Status
SE	Supporting Establishment
SGLI	Servicemen’s Group Life Insurance
SNM	Subject Named Member
SORTS	Status of Resources and Training System
SSP	Subspecialty

TAD	Temporary Additional Duty
T-AH	Hospital Ship
TAP	Transition Assistance Program
TAV	Total Asset Visibility
TECOM	Training and Education Command
TEEP	Training, Exercise, and Employment Plan
TFMMS	Total Force Manpower Management System
TFS	Total Force Structure
TYCOM	Type Commander
UIC	Unit Identification Code
UNTL	Universal Naval Task List
USC	United States Code
USMC	U.S. Marine Corps
USNAVHOSP	U.S. Naval Hospital
XO	Executive Officer

APPENDIX C

DEPLOYABLE PERSONNEL READINESS CHECKLIST

1. Physically qualified for deployment.
2. Annual review of health record for accuracy and completeness.
3. Current immunizations for routine deployable forces.
4. Two pair of spectacles if corrective lens are required.
5. Gas mask inserts, if required, and correct type for platform equipment.
6. Annual review of dental record - must be Class 1 or 2 to qualify for deployment.
7. Required uniforms for assigned platform.
8. Written notification of platform assignment and training requirements.
9. Family Care Certificate as required (NAVPERS 1740/6).
10. Common Access Card.
11. Personal Identification Tags.
12. Medical Warning Tags (if required).
13. Security Clearance as required by billet.
14. Verified Credentials.

APPENDIX D

NAVY CAMOUFLAGE UTILITY UNIFORM REQUIREMENTS FOR BSO 18 PERSONNEL ASSIGNED TO NAVY FIELD UNITS

ITEM/DESCRIPTION	QUANTITY
Boot, Combat Black Leather, Desert Camouflage	2 PR
Cap, Camouflage Utility	2 EA
Coat, Camouflage Utility	2 EA
Stockings, Black or Brown W/Cushion Sole	6 PR
Trousers, Camouflage Utility	2 EA
U.S. Navy Tape	3 EA
Name Tape	3 EA
Undershirts, Brown	6 EA
Coat, Camouflage, Cold Weather W/Hood	1 EA
Liner, Cold Weather	1 EA
Poncho, Wet Weather	1 EA
Liner, Wet Weather Poncho	1 EA
Bag, Duffel, OD Green	1 EA
Bag, Waterproof, Clothing	1 EA
Belt, Black Fabric, Belt Buckle	1 EA

APPENDIX E

SUBSPECIALTY (SSP) CODE SUBSTITUTIONS

	MEDICAL CORPS REQUIREMENT			MEDICAL CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY	SUBPCT
0101	16R0		Internist/General	16R1		Internist/Spec	100%
				16V0		Peds/Gen	33%
				16Q0		Fam Phys/Gen	33%
				16P0		Emerg Med/Gen	33%
	16R1	62C	Internist/Crit Care	16R0		Internist/Gen	33%
				16V1	62C	Peds/Crit Care	33%
				16V1	6VG	Peds/Cardiologist	33%
				16R1	6RR/62C	Internist/Pulmonary CC	100%
				16T1	62C	Neuro/Crit Care	50%
	16R1	6RG	Internist/Cardiology	16R0		Internist/Gen	33%
				16V1	6VG	Peds/Cardiologist	50%
	16R1	6RL	Internist/Gastroenterology	16V1	6VL	Peds/Gastroenterology	50%
		6RN/O	Internist/Heme/Onc	16V1	6VN	Peds/Heme/Onc	33%
		6RR/62C	Internist/Pulmonary Crit Care	16V1	6VR	Peds/Pulmonary	50%
		62B	Internist/Allergy	16V1	62B	Peds/Allergy	100%
		XXX	Internist/Spec (any type)	16V1	XXX	Peds/Equivalent Spec	50%
		6RP	Internist/Inf Disease	16V1	6VP	Peds/Inf Disease	100%
				16R0		Internist/Gen	50%
				16Q0		Fam Phys/Gen	20%
				16V0		Peds/Gen	20%
	16U0		UMO/General	16U0	6UM	UMO/Submarine	100%
	16U1		UMO/Spec	16U1	6UM	UMO/Submarine	100%
	16U1	6UE	UMO/Occ Med	16U1		UMO/Spec	100%
0108	16Q0		Fam Phys/Gen	16Q1		Fam Phys/Spec	100%
				16R0		Internist/Gen	50%
				16R1		Internist/Spec	20%
				16P0		Emerg Med/Gen	50%
				16V0		Peds/Gen	20%
				16V1		Peds/Spec	10%
	16V0		Peds/Gen	16V1		Peds/Spec	100%
	16P0		Emerg Med/Gen	16R0		Internist/Gen	20%
				16R1		Internist/Spec	20%
				16Q0		Fam Phys/Gen	33%
				16Q1		Fam Phys/Spec	20%
				16V0		Peds/Gen	20%
				16V1	62C	Peds/Crit Care	10%
0110	15A0		Aviation Med/Gen	15A1		Aeromed/Spec	100%
0115	16X0		Psych/Gen	16X1		Psych/Spec	100%

	MEDICAL CORPS REQUIREMENT			MEDICAL CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY	SUBPCT
0131	16Y0		Radiology/Gen	16Y1	6YD	Diag Radiol	100%
0163	15K0		Prev Med/Gen	15A1		Aeromed/Spec	100%
				15K2		Occ Med/Gen	100%
0214	15C0		Gen Sgn	15C1		Sgn/Spec	100%
	15C1		Sgn/Spec	15C0		Gen Sgn	33%
0229	15E0		Obster-Gyn/Gen	16Q1	6Qf	Fam Phsy/OB	33%
0244	15H0		Ortho/Gen	15H1		Ortho/Spec	100%
0269	15J0		Urology/ Gen	15J1		Urology/Spec	100%
0118	15B0		Anesthesia/Gen	15B1		Anesthesia/Spec	100%
0224	15D0		Neurosurgery/Gen	15D1		Neurosurgery/Spec	100%
0234	15G0		Ophthalmology/Gen	15G1		Ophthalmology/Spec	100%
0249	15I0		Otolaryngology/Gen	15I1		Otolaryngology/Spec	100%
				15C1	6CJ	Plastic Sgn	20%
0254	15L0		PM&R	15L1		PM&R/Spec	100%
0150	15M0		Pathology/Gen	15M1		Pathology/Spec	100%
0111	16N0		Dermatology/Gen	16N1		Dermatology/Spec	100%
				16Q0		Fam Phys/Gen	33%
				16R0		Internist/Gen	33%
				16V0		Peds/Gen	33%
0121	16T0		Neurology/Gen	16T1		Neuro/Spec	100%
				15L1		PM&R/Gen or Spec	50%
				16Q0		Fam Phys/Gen	33%
				16R0		Internist/Gen	33%
0140	16W0		Nuc Med/Gen	16W1		Nuc Med/Spec	100%

	MEDICAL SERVICE CORPS REQUIREMENT			MEDICAL SERVICE CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY	SUBPCT
3965				0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1805		POMI	100%
9705				1803		Medical Data Services	100%
0002	1800		Med Dept Staff	0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1805		POMI	100%
0055	1800		CO FMF CMPY	0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1805		POMI	100%
0800	1800		Health Care Administration	0000		Executive Medicine	100%
				0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1804		Med Constr Liaison	100%
				1805		POMI	100%
0820	1800		OPSMGT MEDFAC/HCA	1800		Health Care Admin	100%
				1804		Med Constr Liaison	100%
2615	1800		DFA/HCA	0000		Executive Medicine	100%
				0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1805		POMI	100%
9436	1800		XO Shore Act/HCA	0000		Executive Medicine	100%
				0031		Financial Mgt	100%
				1800		Health Care Admin	100%
				1801		Patient Admin	100%

	MEDICAL SERVICE CORPS REQUIREMENT			MEDICAL SERVICE CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY	SUBPCT
				1802		Medical Logistics	100%
				1803		Medical Data Services	100%
				1805		POMI	100%
0808	1801		Patient Admin	1800		Health Care Admin	100%
				0031		Financial Mgt	100%
				1804		Med Constr Liaison	100%
1918	1802		Medical Logistics	0032		Material Logistics Mgt	100%
0031	1805		POMI			No Substitution	100%
0849	1836		Aerospace Physiology			No Substitution	
0851	1840		Clinical Psychologist	1841		Clinical Psych/Spec	100%
0860	1850		Entomology			No Substitution	
0861	1860		Environmental Health			No Substitution	
0862	1861		Industrial Hygiene			No Substitution	
0866	1865		Med Technology			No Substitution	
0841	1815		Microbiologist	1810		Biochemist	50%
0840	1810		Biochemist			No Substitution	
0845	1825		Radiation Health Officer			No Substitution	
0873	1873		Physical Therapy			No Substitution	
0876	1876		Clinical Dietetics	1877		Admin Dietetics	50%
0880	1880		Optometry			No Substitution	
0887	1887		Pharmacy/Gen	1888		Pharmacy/Clinical	50%
0887	1888		Pharmacy/Clinical			No Substitution	
0892	1892		Podiatry			No Substitution	
0113	1893		Phys Asst			No Substitution	

	NURSE CORPS REQUIREMENT			NURSE CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY ALL PLATFORMS	SUBPCT
0944	1900		General Nurse	1901		Nursing Administrator	100%
				1903		Nursing Education	100%
				1920		Maternal-Child Nurse	100%
				1922		Pediatric Nurse	100%
				1930		Psychiatric Nurse	100%
				1940		Community Health Nurse	100%
				1974		Pediatric Nurse Practitioner	100%
				1976		Family Nurse Practitioner	100%
				1980		OB/GYN Nurse Practitioner	100%
				1981		Nurse Midwife	100%
				1806		Health Care Administrator	100%
				0033		Manpower	100%
						ALL PLATFORMS	
0944	1910		Medical-Surgical Nurse	1901		Nursing Administrator	100%
				1903		Nursing Education	100%
				1920		Maternal-Child Nurse	100%
				1922		Pediatric Nurse	100%
				1930		Psychiatric Nurse	100%
				1940		Community Health Nurse	100%
				1974		Pediatric Nurse Practitioner	100%
				1976		Family Nurse Practitioner	100%
				1980		OB/GYN Nurse Practitioner	100%
				1981		Nurse Midwife	100%
				1806		Health Care Administrator	100%
				0033		Manpower	100%
				0037		Education & Training Mgmt	100%
						OCONUS AUGMENT	
0906	1945		ER/Trauma Nurse			(no substitutions other platforms)	
				1910		Medical-Surgical Nurse	40%
				1960		Critical Care Nurse	100%
				1974		Pediatric Nurse Practitioner	40%
				1976		Family Nurse Practitioner	40%
				1980		OB/GYN Nurse Practitioner	40%
				1981		Nurse Midwife	40%

	NURSE CORPS REQUIREMENT			NURSE CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY ALL PLATFORMS	SUBPCT
0932	1950		Perioperative Nurse			No Substitution	
						T-AH	
0904	1960		Critical Care Nurse	1910		Medical-Surgical Nurse	25%
				1974		Pediatric Nurse Practitioner	25%
				1976		Family Nurse Practitioner	25%
				1980		OB/GYN Nurse Practitioner	25%
				1981		Nurse Midwife	25%
						EMF	
0904	1960		Critical Care Nurse	1910		Medical-Surgical Nurse	40%
				1974		Pediatric Nurse Practitioner	40%
				1976		Family Nurse Practitioner	40%
				1980		OB/GYN Nurse Practitioner	40%
				1981		Nurse Midwife	40%
						MARFOR	
0904	1960		Critical Care Nurse	1910		Medical-Surgical Nurse	40%
				1974		Pediatric Nurse Practitioner	40%
				1976		Family Nurse Practitioner	40%
				1980		OB/GYN Nurse Practitioner	40%
				1981		Nurse Midwife	40%
						CRTS	
0904	1960		Critical Care Nurse			No substitution	0
						OCONUS	
0904	1960		Critical Care Nurse	1910		Medical-Surgical Nurse	40%
				1974		Pediatric Nurse Practitioner	40%
				1976		Family Nurse Practitioner	40%
				1980		OB/GYN Nurse Practitioner	40%
				1981		Nurse Midwife	40%
0952	1972		Nurse Anesthetist			**No Substitutions Any Platform**	
0963	1976		Family Nurse Practitioner	1974		Pediatric Nurse Practitioner	40%
				1980		OB/GYN Nurse Practitioner	40%

	DENTAL CORPS REQUIREMENT			DENTAL CORPS SUBSTITUTION			
NOBC	PSUB	AQD	SPECIALTY	PSUB	AQD	SPECIALTY	SUBPCT
0335	1700		General Dentist	1725V/J/K		Comprehensive Dentist	100%
				1740		Operative Dentist	100%
0510	1710		Endodontist			No Substitution	
0525	1725		Comprehensive Dentist				
			1725V (1 year training)	1700S		General Dentist-Significant Experience	100%
				1740		Operative Dentist	100%
			1725J/K (2 years training)			No Substitution	
0530	1730		Maxillofacial Prosthodontist			No Substitution	
0535	1735		Orthodontist			No Substitution	
0550	1740		Operative Dentist	1725J/K		Comprehensive Dentist	100%
0545	1745		Oral Medicine/Diagnosis	1725J/K		Comprehensive Dentist	100%
0550	1750		Oral Surgery				
			1750V Exodontist	1750J/K		Oral Surgeon	100%
			1750J/K - Fully Trained			No Substitution	
0560	1760		Periodontist			No Substitution	
0569	1769		Prosthodontist			No Substitution	
0575	1775		Public Health			No Substitution	
	1785		TMD			No Substitution	
0579	1795		Pediatric Dentist			No Substitution	

HOSPITAL CORPS REQUIREMENT		HOSPITAL CORPS SUBSTITUTION		
NEC	SPECIALTY	NEC	SPECIALTY	SUBPCT
0000	General Duty Corpsman	All NEC		100%
8401	Search & Rescue Med Tech	None		
8402	Submarine Force IDC	None		
8403	Special Amphibious Recon IDC	None		
8404	Field Medical Service Tech	8427, 8403		100%
8406	Aerospace Medicine Tech	None		
8407	Radiation Health Tech	8402		50%
8408	Cardiovascular Tech	None		
8409	Aerospace Physiology Tech	None		
8416	Nuclear Medicine Tech	None		
8425	Surface Force IDC	8402, 8403, 8491, 8494		100%
8427	Special Amphibious Recon Corpsman	8403		
8432	Preventive Medicine Tech	None		
8434	Hemodialysis/Apheresis Tech	None		
8451	Basic X-Ray Tech	8452		
8452	Adv X-Ray Tech	None		
8454	EEG Tech	None		
8463	Optician	None		
8466	Phys Therapy Tech	8467		
8467	Occupational Therapy Asst	None		
8472	Biomedical Photo Tech	None		
8478	Adv Biomedical Equip Sys Tech	None		
8479	Basic Biomedical Equip Sys Tech	8478		
8482	Pharmacy Tech	None		
8483	Surgical Tech	8445, 8446, 8486, 8783		100%
8485	Psych Tech	None		
8486	Urology Tech	8445, 8446, 8486, 8783		100%
8489	Ortho Cast Room Tech	None		
8491	Special Ops IDC	None		
8492	Special Ops Tech	8491		100%
8493	Med Deep Sea Diving Tech	8494		
8494	Deep Sea Diving IDC	8491, 8403		50%
8495	Dermatology Tech	None		
8496	Mortician	None		
8503	Histology Tech	None		
8505	Cytology Tech	None		
8506	Med Lab Tech Adv	None		
8541	Respiratory Therapy Tech	None		

HOSPITAL CORPS REQUIREMENT		HOSPITAL CORPS SUBSTITUTION		
NEC	**SPECIALTY**	**NEC**	**SPECIALTY**	**SUBPCT**
HM NEC	**HM TECHNICIANS**			
8404	Dental Hygienist	None		
8701	General Duty Dental Assistant	All NEC		100%
8707	Field Service Tech	None		
8752	Dental Laboratory Tech Basic	8753, 8765		100%
8753	Dental Laboratory Tech Advanced	None		
8765	Dental Laboratory Tech Maxillofacial	None		

HM - Hospitalman

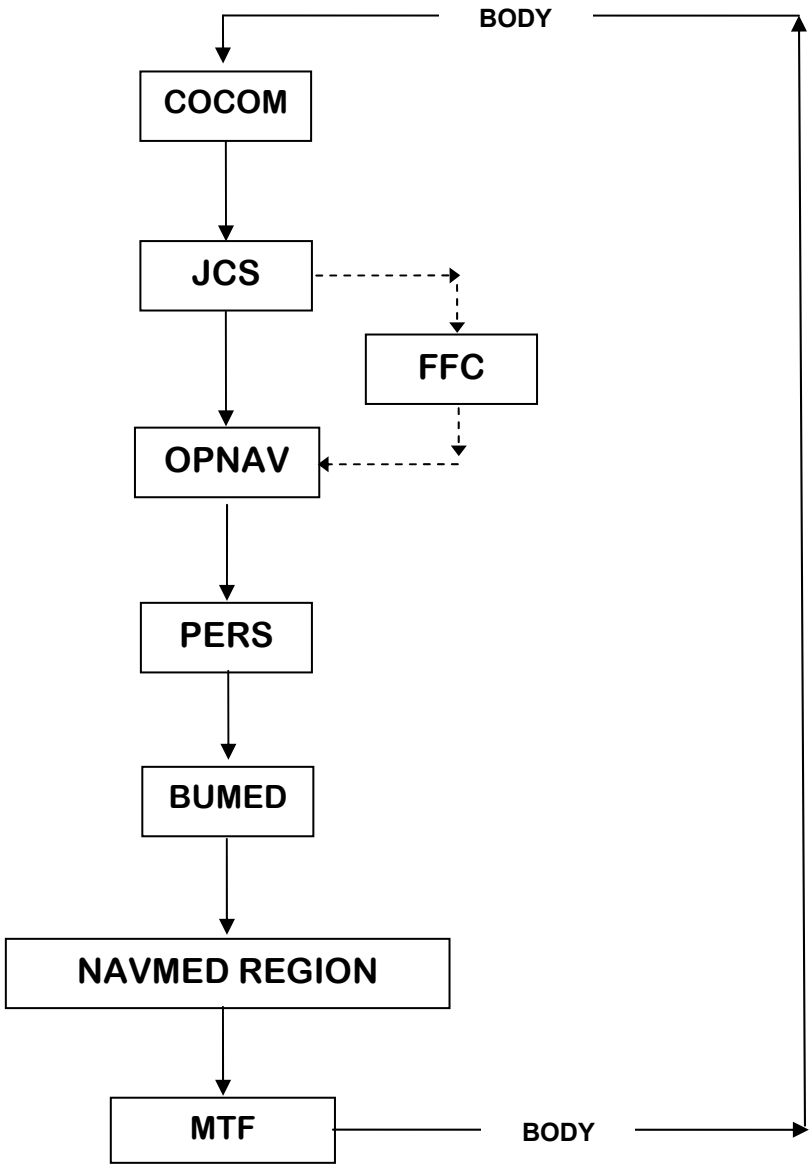
APPENDIX F

NAVY MEDICAL FLEET RESPONSE PLAN

Medical Fleet Response Plan	Tiered Readiness CONOPS	Definition
Routine Deployable	**Tier I**	Calls for forces to deploy within 4 to 10 days of notification. These are the most ready forces.
Surge Ready	**Tier II**	Calls for forces to deploy within 30 to 60 days of notification. This delay allows for more JIT training opportunities, so their level of current readiness is expected to be a little less.
Emergency Surge	**Tier III**	Considered a follow-on force in that it calls for forces to deploy within 60 to 120 days. With the longer lead time, a greater amount of risk can be assumed to rely on additional training, manning, or equipping to occur prior to deployment, or the utilization of Reserves to meet the requirement.

APPENDIX G

REQUIREMENTS PROCESS TO OBTAIN INDIVIDUAL AUGMENTATION (IA) SUPPORT



APPENDIX H

TEMPLATE FOR REQUESTING ALTERNATIVE READINESS SKILL TRAINING

From:
To: Commander, Navy Medicine Manpower, Personnel, Training and Education Command (NAVMED MPT&E)

Subj: REQUEST FOR ALTERNATIVE READINESS SKILL TRAINING

Ref: (a) BUMEDINST 6440.5C

1. Per reference (a), the following proposal is submitted for alternative readiness skill training:

a. Current Course Requirement:

b. Skill Required:

c. Platform:

d. Proposed Alternative:

e. Cost:

f. Location:

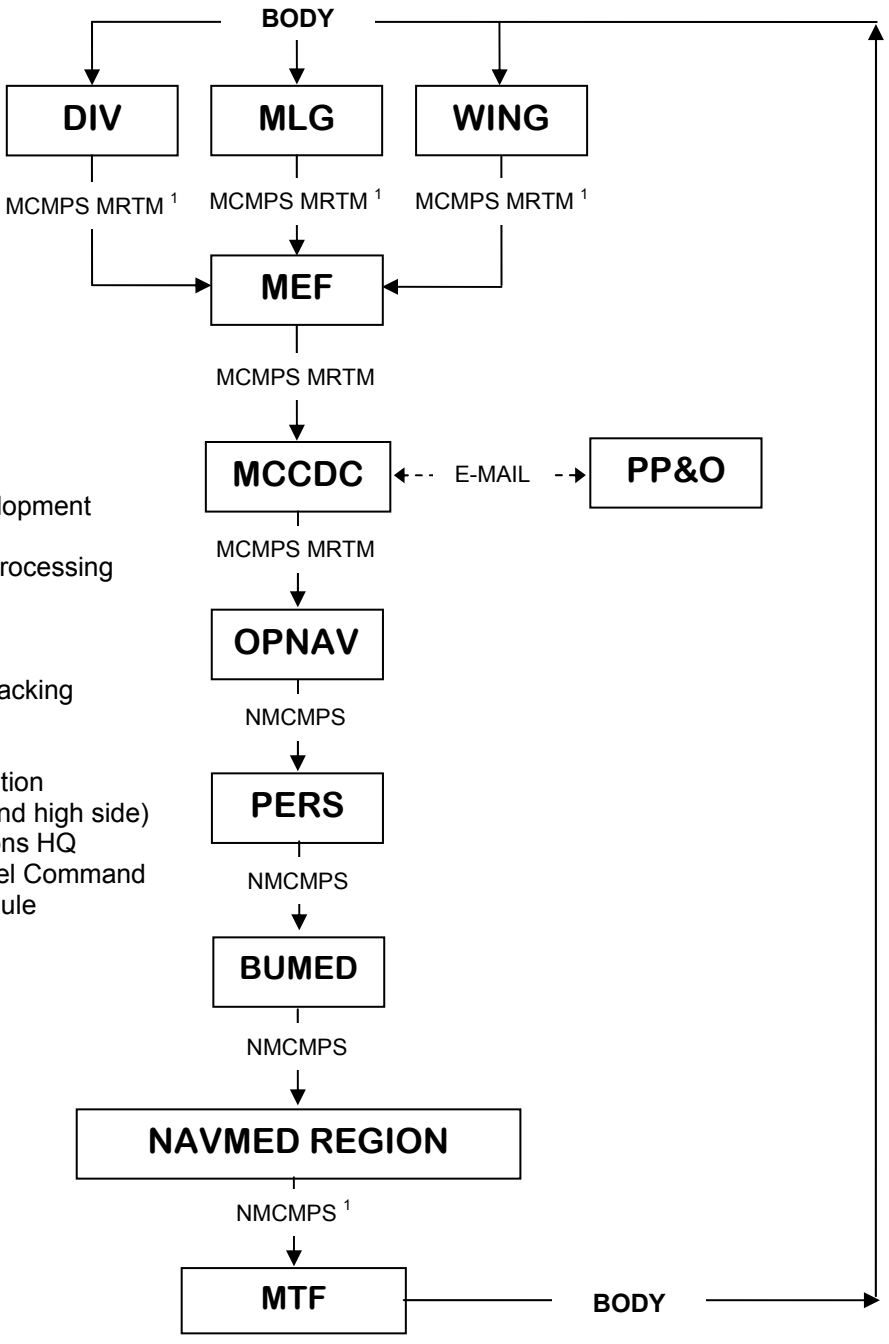
2. Point of contact for this command is _____ who can be reached at commercial _____ or DSN _____.

Signature

Copy to:
BUMED-M3

APPENDIX I

REQUIREMENTS PROCESS TO OBTAIN USMC HEALTH SERVICES AUGMENTATION PROGRAM (HSAP) SUPPORT



ABBREVIATIONS:

DIV:	Division
MCCDC:	Marine Corps Combat Development Command
MCMPS:	Marine Corps Mobilization Processing System (low side)
MEF:	Marine Expeditionary Force
MLG:	Marine Logistics Group
MRTM:	Manpower Requirements Tracking Module (low side)
MTF:	Military Treatment Facility
NMCMPS:	Navy-Marine Corps Mobilization Processing System (low and high side)
PP&O:	Plans, Policies and Operations HQ
PERS:	Commander, Navy Personnel Command
RTM:	Requirements Tracking Module

[1] Currently message traffic only.